



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-27, 28, 34
3-JDF-4C-26, 27
3-JCRF-4C-14, 15
1-JDTP-2C-11; 3B-01, 05
1-JBC-4C-27, 28
NCCHC Y-E-08

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Emergency Medical Services

POLICY NUMBER: DJJ 404.6

TOTAL PAGES: 3

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, COMMISSIONER

I. POLICY

Youth Workers and other personnel shall be trained to respond to a health-related situation within a four-minute response time. Access shall be provided to emergency medical and dental care 24 hours a day

II. APPLICABILITY

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services). Reference DJJPP Chapter 5 (Mental Health Emergencies) for related data regarding psychiatric emergency services.

LIMITED APPLICABILITY

Day treatment programs shall provide access during the time youth are at the facility. Day treatment programs shall have within their Standard Operating Procedures Manual written emergency medical backup plans in the event that usual medical services are not available. These plans shall be communicated to all employees and youth and shall include an alternative hospital emergency service or a primary health care provider "on call" service.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local

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hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

- B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations:
 - 1. Emergency evacuation of the youth from the facility;
 - 2. Use of an emergency medical vehicle;
 - 3. Use of one or more designated hospital emergency department(s) or other appropriate health facility;
 - 4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby;
 - 5. On-site emergency first aid and crisis intervention; and
 - 6. Security procedures that provide for the emergency transfer of youth when appropriate.
- C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review.
- D. The Registered Nurse or designee shall prepare, update, and ensure availability of emergency care telephone numbers and procedures for obtaining emergency medical and dental care.
- E. First aid kits shall be available in state vehicles and in youth living and working areas. An urgent care kit shall be available in a central location in each DJJ program.
- F. In all circumstances, with the exception of a life-threatening emergency, the facility Registered Nurse or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee.
- G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access.
- H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care.
- I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian.
- J. The facility Registered Nurse or designee shall be contacted upon return of the youth from the emergency or urgent care provider and shall provide direction for follow-up care. If treatment is to be provided in the facility, the

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Superintendent or designee shall assure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Medical Director or designee, the facility primary health care provide, the facility Registered Nurse, the Quality Assurance Branch, and the Superintendent.